CONTRACT

Between

CITY OF READING

and

CARSTAR KUTZTOWN LEGACY AUTO BODY

2020 – Repairs and/or Specialty Services for City Wide Fleet Vehicles

CONTRACT

This Agreement, made and concluded on ________ by and between the CITY OF READING, a municipal corporation of the State of Pennsylvania, located in the County of Berks, said State, hereinafter called the "CITY", and CARSTAR KUTZTOWN LEGACY AUTO BODY, hereinafter called the "VENDOR," pursuant to law and to the provisions and requirements of the ordinances and resolutions of the City of Reading.

WITNESSETH, That the parties to these presents each in consideration of the agreements on the part of the other herein contained, have agreed, and hereby do agree, the City for itself, its successors and assigns, and the Vendor for itself, himself or themselves, its successors, or his or their executors and administrators, as follows:

The Vendor covenants, promises and agrees to and with the City, for the consideration hereinafter mentioned and contained, to furnish as directed to the City of Reading, Pennsylvania, in accordance with the bid of the Vendor for the Request for Qualifications for Maintenance and Repairs for City Wide Fleet Vehicles dated August 21, 2019, submitted to the City, attached hereto as Exhibit "A" and made a part hereof the following merchandise as per specifications:

To provide both routine maintenance and repairs, as well as emergency repairs that are above and beyond the routine maintenance and repairs that are provided by the City of Reading's Division of Fleet Management, Department of Public Works, for the City of Reading's City Wide Fleet Vehicles. This would be on an as and/or needed basis, at the fees submitted, from September, 2019, to December 31, 2020, Department of Public Works, a copy of the fee schedule is attached as Exhibit "A". The use of this Vendor may be extended for 2 additional 1 year terms at the City of Reading's discretion.

The Vendor agrees to furnish only such merchandise which shall have fully met the specifications herein contained, or hereto attached and made a part hereof. In the event the Vendor shall fail to comply, in any respect, with said specifications or this contract, the City may terminate this contract by giving the Vendor written notice.

Upon the said merchandise being duly tested and accepted by the proper City employees as meeting with the specifications and conditions, the City shall pay for the quantities thereof currently ordered and delivered, at the end of each calendar month, upon an invoice being presented by the Vendor setting forth the exact quantities thereof delivered during said month.

The Vendor agrees to indemnify and save harmless the City from all suits or actions of every name and description brought against it for or on account of use of patented appliances or for any damages or injuries received or sustained by any person or persons in the performance of the work under the contract. The Vendor further agrees that in case any such suits or actions are brought or threatened all or as much of the monies due it, him or them under this contract as shall

or may be considered necessary by the City shall or may be retained without any liability of the City to the Vendor for interest thereon because of such retention until all such suits or claims shall have been settled and satisfactory evidence to that effect furnished.

BASIS OF CONTRACT. This contract is founded on the Department of Public Works Account Number 01-07-14-4216 for the fiscal year 2020.

IN WITNESS WHEREOF, the said City of Reading has caused this agreement to be executed by its Mayor, and its corporate seal to be hereunto affixed, duly attested by its City Clerk, and the Vendor has caused this agreement to be executed by its President and its corporate seal to be hereunto affixed, duly attested by its Secretary, has hereunto set his/their hand(s) and seal(s) the day and year first above written.

Signed and sealed in the presence of

CITY OF READING

By: Mayor Moran

7252A59C9DF3449...

Mayor

Attest:

DocuSigned by:

Linda A. Kelleher CMC, City Clerk

73DE031C240D451...

City Clerk

CARSTAR KUTZTOWN LEGACY AUTO BODY

By: Paul Angstadt

EXHIBIT "A" (Request for Qualifications, Proposal and Fee Schedule)

REQUEST FOR QUALIFICATIONS

For

Repairs and/or Specialty Services for the City of Reading's, City Wide Passenger, Light Duty, Medium Duty, Heavy Duty Fleet Vehicles

CITY OF READING, PENNSYLVANIA

RESPONSES DUE: 3:00 PM (Eastern Time) September 9, 2019

City of Reading, Pennsylvania 815 Washington Street Reading, PA 19601

Request for Qualifications

List of qualified Repair Vendors to perform repairs and/or specialty services, above and beyond warranty and excess routine maintenance on the City of Reading's City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles.

City Of Reading 815 Washington St. Reading, PA 19601

<u>Introduction</u>

The City of Reading is requesting Qualifications for the purpose of retaining a list of interested companies /vendors to provide for Repairs and/or Specialty Services, above and beyond warranty and excess routine maintenance on the City of Reading's City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles as described in this RFQ.

Date Issued: August 21, 2019

Date Due: September 9, 2019

All questions are to be directed in writing to: Tammi Reinhart

Purchasing Coordinator

Tammi.Reinhart@readingpa.gov

Request for Qualifications

Vendor List for Repairs and/or Specialty Services to include but not limited to alignments, engines, transmission, exhaust, electrical, snow equipment, leaf equipment, glass repairs and or replacements radiators, fire apparatus, body work, drive shaft, hydraulic repairs, OEM above warranty, spring work, decals, car wash and detailing. Vendors are not required to do all items listed you may provide one or multiple items to the City of Reading's, City Wide Passenger, Light Duty, Medium Duty, and Heavy Duty Vehicles.

Interested vendors shall submit a response to this RFQ by September 9, 2019. The goal of this RFQ is to compile a list of companies/vendors that can provide both repairs and specialty services as well as emergency repairs that are above and beyond the maintenance and repairs that are provided by the City of Reading's Fleet Maintenance. This would be on an as and/ or when needed basis for September 2019 to December 31, 2020. This list may be extended for 2 additional 1 year terms at the City of Reading's discretion.

This list will be used by the department as and when needed to provide repairs and/or specialty services, along with emergency repairs to the Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles.

Qualification Criteria

The responses to this RFQ shall incorporate adequate information as detailed below for the City's selection committee to evaluate the vendor's ability to perform the required service being requested. To expedite the review process, please organize the information in the order listed below, with the submission not to exceed 20 pages in length. This evaluation is strictly for company/vendor qualifications.

Please submit five (5) sealed and bound copies of the company/vendor's qualifications with the notations of "City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List" as detailed below to:

Tammi Reinhart, Purchasing Coordinator
City of Reading
Purchasing Division
815 Washington St., Rm 2-45
Reading, PA 19601

The response shall address company /vendor specific information as listed below:

- Provide general company/vendor information including location of business, total number of employees, and number of years the company/vendor has been performing vehicles' maintenance and repairs.
- The provider company/vendor shall be located within a 40 mile radius of the City of Reading, this is to limit the travel time if necessary to the vendors facility.
- Provide proof of the number of employees that are certified as Vehicle Technicians, along with copies of the certifications of those employees.
- Provide list of three references of municipalities/ townships that have been using your services in the last ten years. Details shall include, the Department served, and length of time that service has been provided.
- · Proof of liability insurance
- Proof of workers compensation insurance
- Provide listing of hourly rates for normal business hours

RFQ – Small passenger vehicles Fleet Maintenance and Repairs 2019

- Provide listing of after-hours and holiday emergency service rates
- Provide a list of travel time or expenses if applicable

Notice of Acceptance

Upon acceptance the company/vendor will be notified that they have been accepted and placed on the list. Acceptance does not guarantee that they will be contacted for service, the City of Reading Department of Fleet may use any of the accepted companies/vendors on the list.

As described previously, this list may, at the City's discretion, be extended for an additional 2-1 year terms, and the City will notify those on the list of the extension at such time.

NON-COLLUSION AFFIDAVIT

INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT

- This Non-Collusion Affidavit is material to any contract pursuant to this bid. According to the Pennsylvania Antibid-Rigging Act, 73 P.S. 1611 <u>et seg.</u>, governmental agencies may require Non-Collusion Affidavits to be submitted together with bids.
- 2. This Non-Collusion Affidavit must be executed by the member officer, or employee of the bidder who is authorized to legally bind the bidder.
- 3. Bid rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval or submission of the bid.
- 4. In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an Affidavit must be submitted separately on behalf of each party.
- 5. The term "complementary bid" as used in the Affidavit has the meaning commonly associated with that term in the bidding process, and includes the knowing submission of bids higher than the bid of another firm, any intentionally high or noncompetitive bid, and any form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an Affidavit in compliance with these instructions will result in disqualification of the bid.

NON-COLLUSION AFFIDAVIT OF PRIME BIDDER

State	= 0J
Cour	nty of
	, being first duly sworn, deposes and says that:
(1)	He/She is
	(Owner, Partner, Officer, Representative or Agent)
of	, the Bidder that has
subn	nitted the attached Bid or Bids;
(2)	He/She is fully informed respecting the preparation and contents of the attached Bid and of all
perti	inent circumstances respecting such Bid;
(3)	Such Bid is genuine and is not a collusive or sham Bid;
(4)	Neither the said Bidder nor any of its officers; partners, owners, agents, representatives,
emp	loyees or parties in interest, including this affiant, has in any way colluded, conspired, connived or
agre	ed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham Bid in
conn	ection with the Contract for which the attached Bid has been submitted or to refrain from bidding in
conn	ection with such Contract, or has in any manner, directly or indirectly, sought by agreement or
collu	sion or communication of conference with any other Bidder, firm or person to fix the price or prices
	e attached Bid or of any other Bidder, or to fix any overheld profit or cost element of the Bid price or
	Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance or unlawful
agre	ement any advantage against the City of Reading or any person interested in the proposed
Cont	ract;
(5)	The price or prices quoted in the attached Bid are fair and proper and are not tainted by any
collu	sion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents,
repre	esentatives, owners, employees, or parties in interest, including this afflant; and,
(6)	Neither the said Bidder nor any of its officers, partners, owners, agents or parties in interest,
	any interest, present or prospective, that can be reasonably construed to result in a conflict of
	est between them and the City of Reading, which the Bidder will be required to perform.
i stat	te that understands
	(Name of Firm)
	acknowledges that the above representations are material and important, and will be relied on by
	City of Reading in awarding the Contract(s) for which this Bid is submitted. I understand and my firm
	erstands that any misstatement in this Affidavit is and shall be treated as fraudulent concealment
from	the City of Reading of the true facts relating to the submission of bids for this Contract.
(Nan	ne and Company Position)
	DRN TO AND SUBSCRIBED
	DRE ME THIS DAY
UF_	
	May Commission Euripean
Note:	My Commission Expires:
	H Y T WATE

PROVIDER'S CERTIFICATION OF NON-INDEBTEDNESS TO THE CITY OF READING

Provider hereby certifies and represents that Provider and Provider's parent company(ies) and subsidiary(ies) are not currently indebted to the City of Reading (the "City"), and will not at any time during the term of this Contract (including any extensions or renewals thereof) be indebted to the City, for or on account of any delinquent taxes, liens, judgments, fees or other debts for which no written agreement or payment plan satisfactory to the City has been established. In addition to any other rights or remedies available to the City at law or in equity, Provider acknowledges that any breach or failure to conform to this certification may, at the option of the City, result in the withholding of payments otherwise due to Provider and, if such breach or failure is not resolved to the City's satisfaction within a reasonable time frame specified by the City in writing, may result in the offset of any such indebtedness against said payments and/or the termination of this Contract for default (in which case Provider shall be liable for all excess costs and other damages resulting from the termination).

		Name of Provider
_		
Ву:		Authorized Signatory
Title:	President or Vice President	
Attest:		

NON DISCRIMINATION STATEMENT

The undersigned hereby certifies that it shall not discriminate against any employee or applicant for
employment because of race, color, religion, sex, handicap, familial status, or national origin. The
undersigned shall take affirmative action to insure that applicants for employment are employed, and
that employees are treated during employment, without regard to their race, color, religion, sex,
handicap, familial status, or national origin.

BIDDER		
TITLE	 	 -10

INDEMNITY AGREEMENT & HOLD HARMLESS

KNOW ALL MEN BY THESE PRESENTS:

		into a contract with the CITY OF READING, dated
		City of Reading, Pennsylvania
		he award of said contract to the undersigned,
paid to the said said agents, servants, and e CITY may hereafter suff	by the City of the	sideration of the sum of ONE DOLLAR (\$1.00) in hand of Reading, receipt whereof is hereby acknowledged, the figure of the save harmless the CITY OF READING, its officers, and all loss, damage, costs and expenses which the said by by reason of any bodily injury (including death) or this in performance of the work undertaken under the said in performance of the work undertaken under the said in performance of the work undertaken under the said in performance of the work undertaken under the said in the said
	day of	, 20
	Ву:	
	Title:	
ATTEST:		
(Title)	•	

STIPULATION AGAINST LIENS

WHEREAS,		_, hereinafter called the CONTRACTOR, has								
entered into a CONTRACT, dated_		, 20, with								
		hereinafter called the CITY, to								
provide materials and perform lab	or necessary for the man	ufacture and furnishing of the:								
as set forth in the CONTRACT DOC	UMENTS as prepared by t	he City of Reading.								
		d by and between the said parties, as part o								
the said CONTRACT, and for the co	onsideration therein set fo	rth, that neither the undersigned								
		any other person furnishing labor or								
materials to the said CONTRACTOR under this CONTRACT shall file a lien, commonly called a mechalien, for WORK done or materials furnished for the above manufacture.										
	-	•								
		erks County Prothonotary within ten (10)								
		of Section 1402 of the Mechanics Lien Law of								
1963 of the Commonwealth of Per	=									
		sed the signature of their proper officers to								
be affixed thereto on this	day	of 20								
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RFQ – Small passenger vehicles Fleet Maintenance and Repairs 2019

Carstar Kutztown-Legacy Autobody

PO Box 14

15827 Kutztown Rd

Maxatawny, PA 19538

FED ID#83-2950149

www.legacyautobody.com

PH# 610-683-5559 FAX# 610-683-5834

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

Hourly Rates:

Body: \$55/hourPaint: \$55/hour

• Mechanical: \$82.50/hour

Frame: \$60/hour
Structural: \$55/hour
Diagnostic: \$55/hour
Electrical: \$55/hour
Glass: \$55/hour

Body Supplies: \$5/hour

Paint Supplies: \$32/hour



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

LVIDENCE OF PRO	PERTITION	NANCE	12	2/27/2018
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF I ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A	IRMATIVELY OR NEGAT NSURANCE DOES NOT	IVELY AMEND, EXTE	ND OR ALTER THE	: THE
AGENCY PHONE (A/C., No., Ext): (610) 770-6500	COMPANY			
John Yurconic Agency	Penn National	Security Inc (`o	
5910 Hamilton Blvd	P.O. Box 1847	-		
Allentown PA 18106	Harrisburg	PA 171	05-1847	
FAX (A/C, No): (610) 770-6610 E-MAIL address: jtyurconic@yurconic.com	_			
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00020930		,	4	
INSURED	LOAN NUMBER		POLICY NUMBER	
D. Duncan Autos, Inc; Legacy Autobody Group, LLC;			BX90747264	*****
Legacy 15827 Kutztown Road LLC	EFFECTIVE DATE	EXPIRATION DATE	CONTINUED	UNTIL
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Allentown PA 18103	THIS REPLACES PRIOR EVIL	DENCE DATED:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 15827 Kutztown Road				
Maxatawny, PA 19538				
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REMARKS (Including Special Conditions)				
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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	FORE THE EXPIRATION	I DATE THEREOF, NO	OTICE WILL BE	
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Embassy Bank for the Lehigh Valley ISAOA	LOSS PAYEE		ED	

Additional Named Insureds									
Other Named Insureds									
Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown	Limited Liability Company, Additional Named Insured								
`									
OFAPPINF (02/2007)	COPYRIGHT 2007, AMS SERVICES INC								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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Jol	n Y	urconi	c Age	enci	y			ł	PHONE (610) 770 -6600 FAX				
	5910 Hamilton Blvd								(A/C, No E-MAIL	_{55:} jmurray			110-6810
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i _	X	ANY AUTO				i						(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000
A		ALL OWNE			SCHEDULED			AX90747264	6/2/2018	6/3/2019	6/2/2019	BODILY INJURY (Per accident) \$	*****
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© 1988-2014 ACORD CORPORATION. All rights reserved.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jasmine Murray/JESRIC

ISAOA

PO Box 20405

Embassy Bank for the Lehigh Valley

Lehigh Valley, PA 18002

"City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List"

Carstar Kutztown-Legacy Autobody

PO Box 14

15827 Kutztown Rd

Maxatawny, PA 19538

FED ID#83-2950149

www.legacyautobody.com

PH# 610-683-5559 FAX# 610-683-5834

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DATE (MM/DD/YYYY) 12/27/2018

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AGENCY PHONE (A/C, No. Ext): (510) 770-6600	COMPANY						
John Yurconic Agency	Penn National Security Ins Co						
5910 Hamilton Blvd	P.O. Box 1847						
Allentown PA 18106	Harrisburg	PA	17105-1847				
FAX (AIC, No): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com	_						
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AGENCY CUSTOMER ID #: 0002:0930 INSURED	LONDAUBURG		T				
D. Duncan Autos, Inc; Legacy Autobody Group, LLC;	LOAN NUMBER		POLICY NUMBER				
Legacy 15827 Kutztown Road LLC	EFFECTIVE DATE	EXPIRATION I	BX90747264				
1324 Minesite Road	6/2/2018	6/2/20	CONTINUE	ED UNTIL ED IF-CHECKED			
Allentown PA 18103	THIS REPLACES PRIOR EVID		TENIMAT	ED IF CHECKED			
PROPERTY INFORMATION	<u> </u>						
LOCATION/DESCRIPTION							
15827 Kutztown Road Maxatawny, PA 19538							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE I NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, TI SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PO	ITRACT OR OTHER DOC LE INSURANCE AFFORD	UMENT WITH R	ESPECT TO WHICH THI	IS PEIN IS			
COVERAGE INFORMATION							
COVERAGE / PERILS / FORMS			AMOUNT OF INSURANCE	DEDUCTIBLE			
Blanket Bldg & BPP, Replacement Cost, Special (Incl	uding theft) - 1	Detail	4,920,000	1,000			
Building 1-auto body shop: Building, Replacement Cos			1,100,000	1,000			
Building 1- Business Personal property, Replacement Building 2- Storage Shed: Building, Replacement Cos	Cost, Special		200,000	1,000			
Building 2- Business Personal Property, Replacement	Cost Special		10,000 10,000	1,000 1,000			
				,			
REMARKS (Including Special Conditions)							
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	FORE THE EXPIRATION	DATE THEREO	F, NOTICE WILL BE				
ADDITIONAL INTEREST							
NAME AND ADDRESS	X MORTGAGEE	ADDITIONAL I	NSURED	···			
Embassy Bank for the Lehigh Valley	LOSS PAYEE						
ISAOA	LOAN #						
PO Box 20405	AUTHORIZED REPRESENTATIV	re					
Lehigh Valley, PA 18002	Jasmine Murray/JE:						
ACORD 27 (2000/42)		2000 10000 /					

Additional Named Insureds									
Other Named Insureds									
Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown	Limited Liability Company, Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT 2007 AMS SERVICES INC								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

th	MPORTANT: If the certificate holder is ne terms and conditions of the policy, on ertificate holder in lieu of such endors.	certal	n pol	ONAL INSURED, the polic Icles may require an endo	y(ies) ı orseme	nust be endo nt. A stateme	rsed. If SUB ent on this ce	ROGATION IS W rtificate does no	AIVED, s ot confer	subject rights	to to the
_	DUCER		-(-/-		CONTA	CT Jasmine	Mission				· · · · · · · · · · · · · · · · · · ·
	nn Yurconic Agency				NAME:	oasmine			FAX	467.63.77	
	10 Hamilton Blvd				(A/C, No, Ext): (A/C, No): (810) / /0-8810						
					ADDRESS: JMdII Ayeyul Conico. Com						
811	lentown PA 181	06			<u> </u>			DING COVERAGE			NAIC #
INSU				Autobody Chave TTC			tional Se	curity Ins C	o		32441
	gacy 15827 Kutztown Road LLC;	INSURE									
		INSURE									
	jacy Autobody Kutztown, LLC D 327 Kutztown Road	BA C	AKSI	TAR KUTZTOWN	INSURE	RD:					
		- 0.0			INSURE	RE:		*			
	satawny PA 195			NUMBER 10/10 0150	INSURE				·		
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER: 18/19 CARS				REVISION NUM			
C: E:	IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER' XCLUSIONS AND CONDITIONS OF SUCH P	JIREM TAIN.	ENT, THE IN ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	HE POI	FRACT OR OTH JICIES DESCRI JUCED BY PAID	HER DOCUMEI BED HEREIN I DCLAIMS.	NT WITH RESPECT	T TO WHICH	CH THIS) S
nsr Ltr		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	· .
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	rrence)	\$	100,000
				BX90747264		6/2/2018	6/2/2019	MED EXP (Any one	person)	\$	10,000
								PERSONAL & ADV	NJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER;	1						GENERAL AGGREGA	ATE	S	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP.	OP AGG	\$	2,000,000
	OTHER:							Employee Benefits		\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
Α	X ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	ALL OWNED SCHEDULED AUTOS			AX90747264		6/2/2018	6/2/2019	BODILY INJURY (Pe	r accident)	\$	
	X HIREDAUTOS X NON-OWNED AUTOS							PROPERTY DAMAGI (Per accident)	Ē .	\$	
	X 19							PIP-Basic		\$	
	X UMBRELLA LIAB OCCUR							EACH OCCURRENC	F	s	5,000,000
A	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s	5,000,000
	DED RETENTION \$	}		UL90747264		6/2/2018	6/2/2019			s	3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						· · · · · ·	x PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE						! !	E.L. EACH ACCIDEN		s	500,000
A	OFFICER/MEMBER EXCLUDED? [Mandatory in NH]	N/A		WP90085202		6/2/2018	6/2/2019	E.L. DISEASE - EAE	·	s	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$	500,000
A	Garagekeepers Comprehensive			AX90747264		6 15 150 5			OT CHAIN		
A	Garagekeepers Collision			AX90747264		6/2/2018	6/2/2019	100/500 Deductible			500,000
•	garagereepers correspon			AA90/4/204		6/2/2018	6/2/2019	500 Deductible			500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Embassy Bank for the Lehigh Valley ISAOA is listed as mortagee with regards to the 15827 Kutztown Road											
255											
(E)	RTIFICATE HOLDER				CANO	ELLATION					
	Embassy Bank for the Leb ISAOA PO Box 20405	nigh	Va:	lley	THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIE F, NOTICE WILL BE PROVISIONS.			D BEFORE
	Lehigh Valley, PA 18002	2			AUTHO	RIZED REPRESEN	TATIVE				
		Jasmine Murray/JESRIC									

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"City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List"

Carstar Kutztown-Legacy Autobody

PO Box 14

15827 Kutztown Rd

Maxatawny, PA 19538

FED ID#83-2950149

www.legacyautobody.com

PH# 610-683-5559 FAX# 610-683-5834

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

Hourly Rates:

Body: \$55/hourPaint: \$55/hour

• Mechanical: \$82.50/hour

Frame: \$60/hourStructural: \$55/hourDiagnostic: \$55/hourElectrical: \$55/hour

• Glass: \$55/hour

Body Supplies: \$5/hourPaint Supplies: \$32/hour



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

	- = : : : : : : : : : : : : : : : : : :	W 1140 E		2/27/2018
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFI COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF IN ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A	RMATIVELY OR NEGATIVE SURANCE DOES NOT CO	ELY AMEND, EXTE	END OR ALTER THE	THE
AGENCY PHONE (A/C, No. Ext): (51.0) 770-5600	COMPANY			
John Yurconic Agency	Penn National Se	annita Toa C	¹^	
5910 Hamilton Blvd	P.O. Box 1847	curry ins c	.0	-
Allentown PA 18106	Harrisburg	PA 171	05-1847	
FAX (A/C, No): (510) 770-5610 E-MAIL ADDRESS: jtyurconic@yurconic.com				
CODE: SUB CODE:				
AGENCY CUSTOMER ID #: 00020930 INSURED	LOAN NUMBER		POLICY NUMBER	
D. Duncan Autos, Inc; Legacy Autobody Group, LLC;			BX90747264	
Legacy 15827 Kutztown Road LLC	EFFECTIVE DATE	EXPIRATION DATE	DASO / 47204	
1324 Minesite Road	6/2/2018		CONTINUED	
Allentown PA 18103		6/2/2019	[TERMINATE	F CHECKED
PA 10103	THIS REPLACES PRIOR EVIDEN	CE DATEU:		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION 15827 Kutztown Road Maxatawny, PA 19538				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE II NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIONS O	TRACT OR OTHER DOCUM IE INSURANCE AFFORDER	MENT WITH RESPE	ECT TO WHICH THIS S DESCRIBED HERE	IN IS I
COVERAGE / PERILS / FORMS			UNT OF INSURANCE	DEDUCTIBLE
Blanket Bldg & BPP, Replacement Cost, Special (Incl	uding theft) - De	tail	4,920,000	1,000
Building 1-auto body shop: Building, Replacement Cos	t, Special	ŀ	1,100,000	1,000
Building 1- Business Personal property, Replacement			200,000	1,000
Building 2- Storage Shed: Building, Replacement Cos			10,000	1,000
Building 2- Business Personal Property, Replacement	Cost, Special	ŀ	10,000	1,000
REMARKS (Including Special Conditions)				
TREMARKS (Including Special Conditions)				
CANCELLATION	- 			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ORE THE EXPIRATION D	ATE THEREOF, NO	OTICE WILL BE	
ADDITIONAL INTEREST				
NAME AND ADDRESS	X MORTGAGEE	ADDITIONAL INSURE	ED	
Embassy Bank for the Lehigh Valley	LOSS PAYEE			
ISAOA				.[.
PO Box 20405 Lehigh Valley, PA 18002	AUTHORIZED REPRESENTATIVE			
	Jasmine Murray/JESR	IC		
				ĺ

INS027 (200912).02

Additional Named Insureds									
Other Named Insureds									
Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown	Limited Liability Company, Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT 2007 AMS SERVICES INC								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

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t	MPORTANT: If the certificate holder is ne terms and conditions of the policy, ertificate holder in lieu of such endors	certa:	in pol	ONAL INSURED, the polic licies may require an endo	y(les) ı rseme	nust be endo nt. A stateme	rsed. If SUB ent on this ce	ROGATION IS WAIVED ertificate does not confe	, subject er rights	to to the	
	DUCER	VI 110/1	(3).		CONTA NAME:	CT Jasmine	Marwases				
	nn Yurconic Agency				PHONE (A/C, No		770-6600	FAX	(610)770)_6610	
59	10 Hamilton Blvd				E-MAIL	ss: jmurray		(A/C, No); (010)	7-6820	
					ADDRE				~	T	
Al:	Lentown PA 18:	106		ı				IDING COVERAGE		NAIC #	
	RED D. Duncan Autos, Inc.;		acv	Autobody Group IIC			tional Se	curity Ins Co		32441	
	gacy 15827 Kutztown Road LLC;	_	, acy	wacopody group mic	INSURE	******		····			
	gacy Autobody Kutztown, LLC D		וסמגי	Man 27-1-1-1-1	INSURE	RC:		1			
	327 Kutztown Road	DM (MACO.	TAR AUCZTOWN	INSURE	RD;					
					INSURE	RE:	··········				
					INSURE						
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:18/19 CARS				REVISION NUMBER:			
C	IDICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH F	JIREN TAIN, OLICI	IENT, THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BEI	IY CONT HE POL	TRACT OR OTH ICIES DESCRI UCED BY PAID	IER DOCUMEI BED HEREIN I CLAIMS,	NT WITH RESPECT TO WE	HOH THIS	3	
LŢR		INSO	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
_	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
				BX90747264		6/2/2018	6/2/2019	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							Employee Benefits	\$	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	X ANY AUTO							BODILY INJURY (Per person)	\$		
**	ALL OWNED SCHEDULED AUTOS			AX90747264		6/2/2018	6/2/2019	BODILY INJURY (Per accident	3 \$		
	X HIRED AUTOS X NON-OWNED AUTOS						·	PROPERTY DAMAGE (Per accident)	\$		
	X 19							PIP-Basic	s		
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE			
A	EXCESS LIAB CLAIMS-MADE		[AGGREGATE	\$	5,000,000	
	DED RETENTION \$			UL90747264		6/2/2018	5/2/2019	AGGREGATE	\$	5,000,000	
	WORKERS COMPENSATION					,	.,.,.,	x PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N										
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WP90085202		6/2/2018	6/2/2019	E.L. EACH ACCIDENT	\$	500,000	
	If yes, describe under					0,2,2010	0/2/2019	E.L. DISEASE - EAEMPLOYEE		500,000	
_	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	. \$	500,000	
A	Garagekeepers Comprehensive			AX90747264		6/2/2018	6/2/2019	100/500 Deductible		500,000	
A	Garagekeepers Collision			AX90747264		6/2/2018	6/2/2019	500 Deductible		500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Embassy Bank for the Lehigh Valley ISAOA is listed as mortagee with regards to the 15827 Kutztown Road											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
Embassy Bank for the Lehigh Valley ISAOA PO Box 20405						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Lehigh Valley, PA 18002	2			AUTHOR	IZED REPRESEN	TATIVE				
						Jasmine Murray/JESRIC					

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"City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List"

Carstar Kutztown-Legacy Autobody

PO Box 14

15827 Kutztown Rd

Maxatawny, PA 19538

FED ID#83-2950149

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PH# 610-683-5559 FAX# 610-683-5834

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Frame: \$60/hour
Structural: \$55/hour
Diagnostic: \$55/hour
Electrical: \$55/hour
Glass: \$55/hour

Body Supplies: \$5/hourPaint Supplies: \$32/hour



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

	······································			/2//2018
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFF	INFORMATION ONLY AN	D CONFERS NO RIC VELY AMEND, EXTE	SHTS UPON THE	
COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF I	NSURANCE DOES NOT (CONSTITUTE A CON	TRACT BETWEEN	THE
ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A		TEREST.		
John Yurconic Agency	COMPANY Penn National S	ecurity The C	'0	
5910 Hamilton Blvd	P.O. Box 1847	scurred riis c		
Allentown PA 18106	Harrisburg	PA 171	05-1847	i
FAX (A/C, No): (610) 770-6610 E-MAIL ADDRESS: jtyurconic@yurconic.com				
CODE: SUB CODE:				
AGENCY 00020930				
INSURED D. Duncan Autos, Inc; Legacy Autobody Group, LLC;	LOAN NUMBER		POLICY NUMBER BX90747264	
Legacy 15827 Kutztown Road LLC	EFFECTIVE DATE	EXPIRATION DATE	BA90747264	
1324 Minesite Road	6/2/2018	6/2/2019	CONTINUED	UNTIL IF CHECKED
Allentown PA 18103	THIS REPLACES PRIOR EVIDE			
PROPERTY INFORMATION	•			
LOCATION/DESCRIPTION				
15827 Kutztown Road Maxatawny, PA 19538				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE	NSURED NAMED ABOVE	FOR THE POLICY P	ERIOD INDICATED.	
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, TI	NTRACT OR OTHER DOC HE INSURANCE AFFORDI	JMENT WITH RESPE	ECT TO WHICH THIS	IN IS
SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PO				
COVERAGE INFORMATION				
COVERAGE / PERILS / FORMS			UNT OF INSURANCE	DEDUCTIBLE
Blanket Bldg & BPP, Replacement Cost, Special (Inc.		etail	4,920,000	1,000
Building 1-auto body shop: Building, Replacement Cos	•		1,100,000	1,000
Building 1- Business Personal property, Replacement	· -		200,000	1,000
Building 2- Storage Shed: Building, Replacement Cos Building 2- Business Personal Property, Replacement	· -		10,000	1,000
building 2- business Personal Property, Replacement	cost, special		10,000	1,000
REMARKS (Including Special Conditions)				
	·		····	
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	FORE THE EXPIRATION	DATE THEREOF, NO	OTICE WILL BE	
ADDITIONAL INTEREST	·			
NAME AND ADDRESS	X MORTGAGEE	ADDITIONAL INSURI	En	··
	LOSS PAYEE	AUDITIONAL INSURI	<u></u>	
Embassy Bank for the Lehigh Valley	LOAN #			
ISAOA				
PO Box 20405 Lehigh Valley, PA 18002	AUTHORIZED REPRESENTATIV	E		
· · · · · · · · · · · · · · · · · · ·	Inchino Mannau/IE	PTC		
	Jasmine Murray/JES	N(1)		
	!			

ACORD 27 (2009/12) INS027 (200912).02

Cher Named Insureds Logary Actionaly Macrowe, LLC DAA CAMSUANE Fittown Limited Limitity Company, Additional Massed Treased	Additional Named Insureds									
Limited Lindlity Company, Additional Numed Innused Limited Lindlity Company, Additional Numed Innused	Other Named Insureds									
		Limited Lighility Company Additional Named Insured								
CLANDING (CORNA)										
DEADNIK (GORGO)										
DEADNIE (1920)										
DEADNIE (GORGO)										
CEADINE (CURROR)										
OCADNAS (GURGOZ)										
CEADNAE (COMON)										
OCADNAS (02000)										
OCADONIS (GORGO)										
OTADDNIE (82/2007)										
OCADDINE (GUIDOZ)										
OFADDINE (19/2007)										
OEADDNE (OPEOC)										
OCADDINE (63/0007)										
OCADDINE (03/2002)										
OFADDINE (02/0007)										
OFADRINE (02/2007)										
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OEADDINE (00/2007)										
	OFAPPINF (02/2007)	COPYRIGHT 2007 AMS SERVICES INC								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ertificate holder in lieu of such endors			icies may require an endo	rseme	nt. A Stateme	ent on this ce	rtificate does not confer	rights	to the
	DUCER	-111011	•(4.7.		CONTAC NAME:	T Jasmine	Murray			
Jol	an Yurconic Agency				PHONE	(610)		FAX	(610) 770	-6610
	.0 Hamilton Blvd				PHONE (A/C, No, Ext): (610) 770-6600 FAX (A/C, No): (610) 770-6610 PHANE ADDRESS: jmurray@yurconic.com					
					ADDRES		•			
7.1 1	entown PA 18:	ne						DING COVERAGE		NAIC #
INSL				Butchede Com TTG			tional Se	curity Ins Co		32441
	pacy 15827 Kutztown Road LLC;	-	acy	watonody Group ILC	INSURE	RB;				
	•			777 Tooley Laws	INSURE	RC:				
_	gacy Autobody Kutztown, LLC E 327 Kutztown Road	BA C	ARS	IAR KUCZCOWN	INSURE	RD:		· · · · · · · · · · · · · · · · · · ·		
					INSURE	RE:				
	ratawny PA 19			N. 1. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	INSURE					
	VERAGES CERTIFY THAT THE POLICIES OF			NUMBER: 18/19 CARS				REVISION NUMBER:	, DEDIO	
C	IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER ECLUSIONS AND CONDITIONS OF SUCH F	JIREM TAIN,	ENT, THE I	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	TRACT OR OTH ICIES DESCRI	IER DOCUMEI BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS	5
INSR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	X COMMERCIAL GENERAL LIABILITY	INSE	HVD	, oriol Mollibria		Tamati Di Citti I I I I	(Interport int	EACH OCCURRENCE	s .	1,000,000
A	CLAIMS-MADE X OCCUR		İ					DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
			•	BX90747264		6/2/2018	6/2/2019	MED EXP (Any one person)	\$	10,000
			ŀ			, ,		PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC	ļ						PRODUCTS - COMP/OP AGG	s	2,000,000
	OTHER:	ļ						Employee Benefits	s	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	8	1,000,000
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person)	5	1,000,000
A	ALL OWNED SCHEDULED	1		AX90747264		6/2/2018	6/2/2019	BODILY INJURY (Per accident)	8	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, -,	PROPERTY DAMAGE	\$	
	X 19 AUTOS							(Per accident)	\$	
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	5 000 000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	5	5,000,000
A	DED RETENTION \$	1	j	UL90747264		6/2/2018	6/2/2019	AGGREGATE	\$	5,000,000
	WORKERS COMPENSATION					0,0,000	-,-,,	x PER OTH- STATUTE ER	+	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	\$	F00 000
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WP90085202		6/2/2018	6/2/2019	E.L. DISEASE - EA EMPLOYEE	5	500,000
	If yes, describe under					7,2,2020	0,2,2025		\$	500,000
_		 -						E.L. DISEASE - POLICY LIMIT	19	500,000
A	Garagekeepers Comprehensive			AX90747264		6/2/2018	6/2/2019	100/500 Deductible		500,000
A	Garagekeepers Collision			AX90747264		6/2/2018	6/2/2019	500 Deductible		500,000
DESC Emb	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Embassy Bank for the Lehigh Valley ISAOA is listed as mortagee with regards to the 15827 Kutztown Road									
ÇEI	RTIFICATE HOLDER				CANO	ELLATION		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Embassy Bank for the Lehigh Valley ISAOA PO Box 20405					ACC	EXPIRATION D	OATE THEREOF	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVEI Y PROVISIONS.		D BEFORE
	Lehigh Valley, PA 1800						/			
	1					Jasmine Murray/JESRIC				

CERTIFICATE OF ACKNOWLEDGMENT OF RECEIPT OF ADDENDUM

THE CITY OF READING

AD	DEN	JUV	JМ	NO	Ι.

RFO: Repairs and Specialty Service's for the City

of Reading City Wide Fleet

Vehicles

DUE DATE:

September 9, 2019

3:00 P.M. Prevailing Time

I

NOTICE

Please be advised the due date for this project has been changed to September 9, 2019.

This addendum must be signed, attached to, and returned with your proposal to the City of Reading by the time and date indicated ABOVE:

I, HEREBY CERTIFY THAT THE CHANGES COVERED BY THIS ADDENDUM HAVE BEEN TAKEN INTO ACCOUNT.

Firm Name (Type or Print) Carstar Kutztown, Legacy Autobody	
Authorized Signature Effect	
Title Owner- Eric Horvath	
Name (Type or Print) Enctorvath	
Date 9/4/2019	

Addendum I City Fleet Vehicles "City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List"

Carstar Kutztown-Legacy Autobody

PO Box 14

15827 Kutztown Rd

Maxatawny, PA 19538

FED ID#83-2950149

www.legacyautobody.com

PH# 610-683-5559 FAX# 610-683-5834

Legacy Autobody Group principles have been in the auto body business for over 40 years.

The Kutztown location is the fifth location for the Legacy Autobody Group, LLC.

We have 6 employees at this location.

The manager Paul Angstadt has service The City of Reading vehicles for many years and is familiar with the city requirements and process.

Hourly Rates:

Body: \$55/hourPaint: \$55/hour

• Mechanical: \$82.50/hour

Frame: \$60/hour
Structural: \$55/hour
Diagnostic: \$55/hour
Electrical: \$55/hour
Glass: \$55/hour

Body Supplies: \$5/hourPaint Supplies: \$32/hour



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

					2/2//2010
COVERAGE AFFORDED I	PERTY INSURANCE IS ISSUED AS A MATTER OF NAMED BELOW. THIS EVIDENCE DOES NOT AFF BY THE POLICIES BELOW. THIS EVIDENCE OF I	IRMATIVELY OR NEGAT NSURANCE DOES NOT	IVELY AMEND, EXTE CONSTITUTE A CON	END OR ALTER TH	E I THE
ISSUING INSURER(S), AU	THORIZED REPRESENTATIVE OR PRODUCER, A	AND THE ADDITIONAL IN	ITEREST.		
AGENCY	PHONE (A/C, No, Ext); (610) 770-6600	COMPANY		······································	
John Yurconic Agen	cy	Penn National S	Security Ins (lo.	
5910 Hamilton Blvd		P.O. Box 1847		•	
Allentown	PA 18106	Harrisburg	PA 171	05-1847	
FAX (A/C, No): (610) 770-6610	E-MAIL ADDRESS: jtyurconic@yurconic.com				
CODE:	SUB CODE:				
AGENCY 00020930 CUSTOMER ID #:		†			
INSURED		LOAN NUMBER		POLICY NUMBER	
D. Duncan Autos. In	nc; Legacy Autobody Group, LLC;			BX90747264	
Legacy 15827 Kutzto		EFFECTIVE DATE	EXPIRATION DATE	DA30747204	
1324 Minesite Road				CONTINUE	
Allentown		6/2/2018	6/2/2019	TERMINAT	ED IF CHECKED
ATTENCOWN	PA 18103	THIS REPLACES PRIOR EVIDI	ENCE DATED:		
PROPERTY INFORMATION	l .				· · · · · · · · · · · · · · · · · · ·
LOCATION/DESCRIPTION					
15827 Kutztown Road					
Maxatawny, PA 19538					
THE POLICIES OF INSURAN	ICE LISTED BELOW HAVE BEEN ISSUED TO THE I	NSURED NAMED ABOVE	FOR THE POLICY P	ERIOD INDICATED	
I NOTWITHSTANDING ANY R	EQUIREMENT, TERM OR CONDITION OF ANY COM	ITRACT OR OTHER DOC	IMENT WITH RESPE	CT TO WHICH THE	Q
EVIDENCE OF PROPERTY I	NSURANCE MAY BE ISSUED OR MAY PERTAIN. TI	HE INSURANCE AFFORD	ED BY THE POLICIES	S DESCRIBED HER	FINIR
SUBJECT TO ALL THE TERM	AS, EXCLUSIONS AND CONDITIONS OF SUCH PO	LICIES. LIMITS SHOWN I	MAY HAVE BEEN REI	DUCED BY PAID CL	AIMS.
COVERAGE INFORMATION	٧				
	COVERAGE / PERILS / FORMS		4340	UNT OF INSURANCE	Pitaliania
Blanket Bldg & BPP	Replacement Cost, Special (Incl	uding thoft) - I	AMU Amo		DEDUCTIBLE
Building 1-auto bod	ly shop: Building, Replacement Cos	tading chell, - 1	Je Call	4,920,000	1,000
				1,100,000	1,000
Building I- Busines	ss Personal property, Replacement	Cost, Special		200,000	1,000
	s Shed: Building, Replacement Cos			10,000	1,000
Building 2- Busines	ss Personal Property, Replacement	Cost, Special		10,000	1,000
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REMARKS (Including Spec	ial Canditiona)	-			
KEMARKO (including Spec	iai Conulions)		·		
					<u> </u>
CANCELLATION	Y-140				
SHOULD ANY OF THE ABO	OVE DESCRIBED POLICIES BE CANCELLED BEI	FORE THE EXPIRATION	DATE THEREOF, NO	TICE WILL BE	
DELIVERED IN ACCORDA	NCE WITH THE POLICY PROVISIONS.				
ADDITIONAL INTEREST		·			
NAME AND ADDRESS		X MORTGAGEE	ADDITIONAL INSURE	₹D	
		LOSS PAYEE	TODITIONAL MADIN		
Embassy Bank fo	or the Lehigh Valley	LOSS PAYEE			
ISAOA	- · ·				
PO Box 20405		AUTHORISTS COLUMN			
Lehigh Valley,	PA 18002	AUTHORIZED REPRESENTATIV	=		ĺ
_		Tannina Managari	PAG		
		Jasmine Murray/JES	KIU		
	<u> </u>				
ACORD 27 (2009/12)		@ 4000	MAN ACORD COR	ADDATION	

ACORD 27 (2009/12)

Additional Named Insureds									
Other Named Insureds									
Legacy Autobody Kutztown, LLC DBA CARSTAR Kutztown	Limited Liability Company, Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT 2007, AMS SERVICES INC								



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

ti c	ne terms and conditions of the policy, ertificate holder in lieu of such endors	certal	in pol it(s).	licies may require an endo	rseme	nt. A stateme	ent on this ce	ertificate does not confe	r rights	to the
	DUCER		(/-		CONTA	CT Jasmine	Murrasi			
Jol	m Yurconic Agency				NAME: PHONE			FAX	1610100	- 5610
	0 Hamilton Blvd				PHONE (A/C, No, Ext): (610) 770-6600 FAX (A/C, No): (610) 770-5610 E-MAIL ADDRESS: jmurray@yurconic.com					
								DING COVERAGE		NAIC #
	lentown PA 18				INSURE			curity Ins Co		32441
INSL	RED D. Duncan Autos, Inc.;	Leg	acy	Autobody Group LLC	INSURE					
Гe	pacy 15827 Kutztown Road LLC	;			INSURE	RC:				
Leç	gacy Autobody Kutztown, LLC I	BA C	'ARS	TAR Kutztown	INSURE	RD;			***************************************	
158	327 Kutztown Road				INSURE	RE:	·			
	ratawny PA 19	538			INSURE	RF:				
				NUMBER:18/19 CARS				REVISION NUMBER:		
C E	HIS IS TO CERTIFY THAT THE POLICIES O IDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER KCLUSIONS AND CONDITIONS OF SUCH I	DIREN TAIN, POLICI	IEN I, THE II ES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T MITS SHOWN MAY HAVE BEI	HE BOI	TRACT OR OTH LICIES DESCRI DUCED BY PAID	HER DOCUME	UT MITH DECDEAT TA DU	HOLLSHIP	:
NSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	1,000,000
A	CLAIMS-MADE X OCCUR	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
				BX90747264		6/2/2018	6/2/2019	MED EXP (Any one person)	s	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-		İ					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:			· · · · · · · · · · · · · · · · · · ·				Employee Benefits	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS			AX90747264		6/2/2018	6/2/2019	BODILY INJURY (Per accident) \$	
	HIREDAUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	X 19							PIP-Basic	\$	
	X UMBRELLA LIAB OCCUR							EACH OCCURRENCE	. \$	5,000,000
A	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$	5,000,000
	DED RETENTION \$ WORKERS COMPENSATION			UL90747264		6/2/2018	6/2/2019	LDED L LOTH	\$	
	AND EMPLOYERS' LIABILITY							x PER OTH- STATUTE ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		TIPE STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE OF A STATE				E.L. EACH ACCIDENT	. \$	500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WP90085202		6/2/2018	6/2/2019	E.L. DISEASE - EA EMPLOYEE	\$	500,000
							· · · · · · · · · · · · · · · · · · ·	E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Garagekeepers Comprehensive	İ		AX90747264		6/2/2018	6/2/2019	100/500 Deductible		500,000
A	Garagekeepers Collision	1		AX90747264		6/2/2018	6/2/2019	500 Deductible		500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Embassy Bank for the Lehigh Valley ISAOA is listed as mortagee with regards to the 15827 Kutztown Road										
CEF	TIFICATE HOLDER				CANC	ELLATION			****	
Embassy Bank for the Lehigh Valley ISAOA PO Box 20405					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
	Lehigh Valley, FA 18002	-								
					Jasmi	ne Murray/	JESRIC			l

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"City of Reading Passenger, Light Duty, Medium Duty, and Heavy Duty Fleet Vehicles, Repairs and Specialty Services List"